



# BPA Confidential Client Intake Form Question Descriptions

## State of Idaho Substance Use Disorder Treatment System

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**\*All questions need to be answered unless otherwise indicated.**

### **SECTION A: CLIENT INFORMATION**

01. Client's legal Last Name as indicated on Birth Certificate or Social Security Card
02. Client's legal First Name as indicated on Birth Certificate or Social Security Card
03. Client's legal Middle Initial as indicated on Birth Certificate or Social Security Card
04. Client's Suffix as indicated on Birth Certificate or Social Security Card. i.e. Jr., Sr.
05. Client's Alias; (AKA) Also known as; something known as other than their legal name
06. 9 digit Social Security Number (Do not put dashes, they will auto populate once you exit the field)
07. Date client was born i.e. mm/dd/yyyy
08. Physical address where the client resides (Current Residence)
09. Apartment or Trailer Number
10. The city or town in which the client's physical address is located
11. The state in which the client's physical address is located
12. The zip code in which the client's physical address is located
13. The county in which the client's physical address is located
14. The client's primary phone number or the best number that can be used to contact the client
15. The client's current marital status, Separated (married but not living together), Not Married (never married, single), Living Together (but not married) or Widowed
16. Male or Female
17. Ethnic affiliation resulting from racial or cultural ties (refer to Intake Key for choices)
18. Racial and national origin or social-cultural groups (refer to Intake Key for choices)
19. The client's current employment status (refer to Intake Key for choices)
20. Does the client pay for more than half of the costs in the household
21. The client's living arrangement; homeless, dependent (claimed as someone else's dependent) or independent (supporting one's self)
22. The number of children that are living in the household, under 18 years of age



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- 23. The highest grade that the client completed in school. HSC and GED are equivalent to grade 12. 13-15 refer to years 1-4 of college, i.e. 16 would be equal to a Bachelor's Degree
- 24. The client's main source of income (refer to Intake Key for choices)
- 25. Has the client serviced in one of the United States Armed Forces
- 26. Does the client currently have private health insurance (refer to Intake Key for choices)
- 27. If the client has Medicaid, document their Medicaid Number
- 28. Is the client currently receiving Women's Infants and Children Support from Idaho (WIC)
- 29. Payment source will always be "OG" Other Government
- 30. Does the client currently have an open Child Protection Services Case (CPS)
- 31. Has the client been involved in a domestic violence incident within the last 12 months
- 32. Is the client currently Pregnant (if unknown, mark no)
- 33. Has the client ever been tested for HIV (Human Immunodeficiency Virus)
- 34. Is the client currently using drugs intravenously
- 35. Is the client currently using any type of Opioid Replacement Therapy such as Methadone or Buprenorphine, or are they planning to use one of those substances as part of their treatment
- 36. Has the client been diagnosed with any psychological disorders
- 37. Type of client- Identifies funding category based on age, gender and potential services required
- 38. Client Target – Identifies funding category based on age, gender, type of drug used and route of administration
- 39. Admission Type will always be Initial Admission
- 40. Treatment Setting will always be Freestanding
- 41. Number of prior treatments the client has attended, number of separate times the client has participated in outpatient, or inpatient substance abuse services
- 42. **\*Mark all that Apply-** The different types or Levels of Care that have been attended. (Mark all that apply. Use all three fields)
- 43. Number of times the client was arrested in the past 30 days
- 44. **\*Choose only one-** The number of times the client has attended a self-help program in the 30 days preceding the referral date to treatment services.



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#### **SECTION B: COLLATERAL CONTACT INFORMATION**

01. Name of first person that would be able to locate the client if their contact information changes
02. Their relationship of first person to the client. i.e. father, sister, friend, wife/husband
03. Phone number of the first collateral contact
04. Type of phone of the first collateral contact. i.e. cell, home, work
05. Name of second person that would be able to locate the client if their contact information changes
06. The relationship of second person to the client. i.e. father, sister, friend, wife/husband
07. Phone number of the second collateral contact
08. Type of phone of the second collateral contact. i.e. cell, home, work

#### **SECTION C: SUBSTANCE USE- Mark all that apply**

01.
  - a. List the client's first drug or substance of choice
  - b. Describe how the client takes the drug: oral, smoking, inhalation, injection, or other
  - c. How old was the client when they first used the drug or substance?
  - d. How often does the client use the drug or substance? Daily, 3-5 times per week, 1-2 times per week, etc.
  - e. List the date the client last used the drug or substance.
  - f. List the client's second drug or substance of choice
  - g. Describe how the client takes the drug: oral, smoking, inhalation, injection, or other
  - h. How old was the client when they first used the drug or substance?
  - i. How often does the client use the drug or substance? Daily, 3-5 times per week, 1-2 times per week, etc.
  - j. List the date the client last used the drug or substance.
  - k. List the client's third drug or substance of choice
  - l. Describe how the client takes the drug: oral, smoking, inhalation, injection, or other
  - m. How old was the client when they first used the drug or substance?



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- n. How often does the client use the drug or substance? Daily, 3-5 times per week, 1-2 times per week, etc.
- o. List the date the client last used the drug or substance.

#### **SECTION D: REFERRAL TYPE-**

Current circumstance that identifies that the client is eligible for services and identifies the funding source

- 01. Is the client currently on felony probation
- 02. Is the client on probation
- 03. Is the client on parole
- 04. Is the client on supervised probation or parole
- 05. Is the client on adult misdemeanor probation
- 06. Is the client an adolescent misdemeanor probation
- 07. Is the client at risk of revocation of their probation or parole
- 08. Is the client an Access to Recovery Federal Grant Referral (ATR)
- 09. **\*If Applicable-** Document the client's IDOC number
- 10. Is the client a Idaho Department of Corrections (IDOC) Referral re-entering the community
- 11. Is the client currently incarcerated
- 12. Is the client a IDOC Re-Entry referral who completed in Therapeutic Community or New Directions while incarcerated
- 13. Is the client a IDOC Re-Entry referral who is being released from a Rider
- 14. Is the client a IDOC Re-Entry referral who is being released from prison because of time served
- 15. Is the client a IDOC Re-Entry referral who has been accepted into the Easter Seals Goodwill Re-Entry program
- 16. Is the client sentenced to an assessment and/or treatment under Idaho Code 19-2524 or 20-520(i)
- 17. County of the supervising probation/parole/Problem Solving Court Coordinator
- 18. Is the client currently enrolled in Felony Drug Court
- 19. Is the client currently enrolled in DUI court (charges can be related to a misdemeanor or felony)
- 20. Is the client currently enrolled in a Juvenile Drug court
- 21. Is the client currently enrolled in Mental Health Court
- 22. Is the client currently enrolled in Juvenile Mental Health Court



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23. Is the client currently enrolled in Child Protection Court AKA Family Treatment Court (Reg. 5, 6 & 2)

24. Referral source classification (refer to Intake Key for choices)

#### **SECTION E: REFERRAL INFORMATION**

(Identification and contact information of the person who is referring the client into state funded treatment)

01. Name of the individual who is referring the client to BPA. i.e. Probation/Parole Officer, IDOC Case Manager
02. The Job Title of the person who is making the referral
03. The work phone of the person who is making the referral
04. The telephone extension of the referral's work phone, if applicable
05. The place of employment of the person who is making the referral
06. The city or town in which the referral's place of employment is located
07. The state in which the referral's place of employment is located
08. The Zip Code in which the referral's place of employment is located
09. The Judicial County of the client's originating charges (if multiple charges in different counties use most recent)
10. The work email of the person who is making the referral
11. The hand written signature of the authorized person who is making the referral
12. The date the person who is making the referral signed the Client Intake form i.e. mm/dd/yyyy

#### **SECTION F: REQUESTED SERVICES**

01. Name of the provider where the client would like to have their assessment conducted and/or treatment
02. Level of care being requested by the person who is making the referral
03. City of the requested provider, if there are multiple locations in one city, use street name
04. Name of the provider where the client would like to access recovery support services
05. Initial recovery support service that is being requested (availability affected by client priority)
06. City of the requested provider, if there are multiple locations in one city, use street name
07. Name of the second provider where the client would like to access recovery support services
08. Second recovery support service that is being requested (availability affected by client priority)
09. City of the second requested provider, if there are multiple locations in one city, use street name
10. List additional recovery support services here if more than two are requested



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- 11. Client's legal name will be restated here. This field is auto populated from page one
- 12. The date the intake was completed and submitted to BPA